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| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2009</b><br><i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>   |   | Docket Number (Optional)<br>350292000402 |             |
|---|---|--|-------------|
| Application Number  | 10/749,538  | Filed December 30, 2003                  |             |
| For   | REMEDIES FOR MYELOMA TO BE USED TOGETHER WITH NITROGEN MUSTARD ANTITUMOR AGENTS   |  |             |
| Art Unit  | 1642  | Examiner Misook Yu, Ph.D.                |             |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  |   |  |             |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |   |  |             |
|   | Fee   | Small Entity Fee                         |             |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))  | \$130   | \$65                                     | \$ _____    |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))   | \$490   | \$245                                    | \$ _____    |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))  | \$1110  | \$555                                    | \$ 1,110.00 |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$1730  | \$865                                    | \$ _____    |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$2350  | \$1175                                   | \$ _____    |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.<br><input type="checkbox"/> A check in the amount of the fee is enclosed.<br><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.<br><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.<br><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>03-1952</u> . |   |  |             |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  |   |  |             |
| I am the  | <input type="checkbox"/> applicant/inventor.<br><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).<br><input type="checkbox"/> attorney or agent of record. Registration Number _____<br><input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 <u>38,440</u> |  |             |
| <u>/Gregory P. Einhorn/</u>   |   | June 30, 2009                            |             |
| Signature   |   | Date                                     |             |
| <u>Gregory P. Einhorn</u>   |   | (858) 720-5133                           |             |
| Typed or printed name   |   | Telephone Number                         |             |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.   |   |  |             |
| <input checked="" type="checkbox"/>   | Total of <u>1</u> forms are submitted.  |  |             |